P444418358

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

800003049498-5 -11/19/99-01050-009 *****78.75 *****78.75

SUBJECT:	Applied	Billing	1 Collections.	Inc
	(P)	roposed corporate na	me - must include suffix)	

Enclosed is an original and one(1) сору	of the articles	of incorporation	and a check for:
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\$70.00	\$78.75	
Filing Fee	Filing Fee	
~ T	& Certificate of Status	

'	
□\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

FROM:	DAVID P. Rypn, 559, Name (Printed or typed)	
	2655 Le Jeune Road, #809	,
	Consol Copples, PL 33134 City, State & Zip	DO NOT
	305/492-9535 Daytime Telephone number	W 19 PM
	7.00	12: 2

NOTE: Please provide the original and one copy of the articles.

130

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Applied Billing & Collections, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17994 S.W. 97th Avenue Miami, Florida 33157

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: David P. Ryan, Esq.

2655 LeJeune Road, Suite 804

Coral Gables, Florida 33134

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lawrence R. Medearis 17994 S.W. 97th Avenue Miami, Florida 33157

Lindsey Travis 17994 S.W. 97th Avenue Miami, Florida 33157

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my-position as registered agent

Signature/Registered Agent

SOMON TO PARTIE DE